

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554,881

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1				
3		2				
4		2				
5	/					
6	/					
7	/					
8	/					
9		1				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21	/					
22	/					
23		1				
24		1				
25		4				
26		4				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55	/					
56	/					
57		1				
58		2				
59		2				
60		2				
61		2				
62		2				
63		2				
64	/					
65	/					
66		1				
67		2				
68		2				
69	/					
70	/					
71		1				
72		1				
73		1				
74		4				
75		2				
76		2				
77		2				
78	/					
79	/					
80		1				
81		2				
82	/					
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	0	←		←
TOTAL CLAIMS			1			